

LINE COPY



January/February 1999 Fairfax County Fire and Rescue Department





**Acting Chief
Edward L. Stinnette**

*"... it is
important
that we all renew
our commitment
to the health and
safety of our
people."*

From The Fire Chief . . .

As we begin the new year, I think it is important that we all renew our commitment to the health and safety of our people. We can all recall an incident last year when, as we were "picking up," someone would comment that we had "dodged a bullet" again, fortunately, no one was hurt. **I don't want our safety program to depend on luck.**

In a practical sense, this means the incident commander ensures the accountability system is in place and being followed. It also means there is a Rapid Intervention Team (RIT) in place when the unexpected occurs. The incident commander must constantly monitor the incident and adjust his action plans to ensure a safe operation. At 10-, 20-, and 30-minute intervals, the incident commander reevaluates the situation and communicates any changes in the attack plan. He also allocates the necessary resources to influence the positive outcome of the incident and ensures units are not freelancing.

When established departmental plans are followed, officers conduct an initial and ongoing size-up to ensure their actions are correct, given the situation. Crew unity is maintained, and everyone is working together in a hostile environment. Additionally, the incident commander ensures personnel are entering potentially hazardous situations

wearing proper protective gear, including their SCBA.

Battalion Chiefs are responsible for making sure their companies have the necessary equipment and training to accomplish the tasks that will produce success. They must be familiar with target hazards in their battalion area and are required to develop action plans for conducting safe emergency training.

Every team member is responsible for the tools and equipment we use on the job. Equipment is checked daily and is maintained in a high state of readiness. As a member of an emergency team, you are responsible for your personal safety and the safety of your fellow team members.

It is important that the first-in officers and incident commanders continually perform risk analysis during all incidents, and given this information, firefighters may:

- risk their lives in an educated and calculated manner in order to save a life.
- place themselves in a situation with moderate risk to save property.
- take no risk when lives and property have already been lost.

The message I'm sending is: **safety is everybody's responsibility.** If we maintain and improve upon our commitment to a safe and healthy work environment, we will all have a great year. ❖

Edward L. Stinnette, *Acting Fire Chief*
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From The Editor . . .

FCFRD Celebrates 50 Years

By Daniel L. Schmidt

Headquarters, Public Information and Life Safety Education

At an April Board of Supervisors meeting, almost 50 years ago, Supervisor Runyon advised the Board of Supervisors that the Fire Chiefs of the County had met on April 1, 1949, and proposed, in a form of a motion, that a paid "fireman" be employed at each Fire Department. They also recommended the installation of a central alarm system.

Supervisor Runyon further advised the Board that "he had letters from the various Fire Departments approving a paid fireman at each Department and also approving a central fire alarm system." Supervisor Carper asked, "Is there sufficient money in the Fire Levy Fund to take care of both expenditures." Supervisor Runyon responded: "There was."

Supervisor Runyon said that each Department would employ their own man. He went on to explain that with the central fire control system, all alarms would come into the Police Department and they would dispatch the engines from the Department or Departments nearest the fire and "this would eliminate a great deal of confusion."

It was moved that the Board approve the employing of a paid man at each fire department at a salary of \$2,520 per annum, and approval of the installation of a central fire alarm system. The motion was seconded by Supervisor Sheads and carried unanimously.

Thus was born the fire and rescue department as we know it today.

Having already moved into 1999, the year of our 50th anniversary, it is perhaps appropriate and fitting that we look back on our beginnings and share some of those moments and memories. We plan to go back and show you some scenes that will hopefully capture the essence of our profession and our history. The front page of each *Line Copy* will feature several photos that will bring back memories for some, and create memories for the rest of us. We will let you try and figure out what the photos show; however, for those of you who can't go back that far, or don't remember, a caption will be provided on the back page of *Line Copy*. Happy memories. ❖

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1998 Valor Award Recipients

Silver Medal



**Lieutenant
Sandra K. Caple**

On the evening of June 15, 1998, Lieutenant Sandra K. Caple was at home when she heard a police cruiser's siren approaching the area. Lieutenant Caple stepped outside and heard a police officer ordering the driver of a stopped vehicle to surrender. She observed at least one individual fleeing and became aware of a struggle between a police officer and the driver. Lieutenant Caple approached the car with the intent of assisting the officer, not knowing how many subjects were involved or if they were armed. As she moved closer, she saw three people in the car; the police officer, the driver and a backseat passenger. The officer was struggling with the driver for control of his service weapon. She offered her assistance and was instructed to handcuff the driver. She then positioned herself so she could control the driver allowing the officer to subdue the other occupant. Lieutenant Caple also had the presence of mind to note the description of one of the individuals who had fled; he was subsequently taken into custody. It was later learned, the vehicle had just been stolen and those involved were reputed gang members.

Bronze Medal



**Lieutenant
Michael Runnels**

On the morning of September 3, 1998, Fire and Rescue Department units were dispatched for a report of a vehicle, which had driven across a culvert, down a fairway, and into a small lake located on a golf course. Arriving Fire and Rescue Department personnel were met by four bystanders who had witnessed the incident and attempted, unsuccessfully, to rescue the driver. Technician Keller, Firefighter Epps, and Master Technician Ducker entered the water wearing personal floatation devices to locate the vehicle and to rescue the victim. Meanwhile, Truck 438 was positioned with the ladder out over the lake and lowered lifelines to assure the safety of the crew working in the water.

Several attempts were made to locate the submerged vehicle by using pike poles and diving below the dark, murky water. Rescue Squad 421's crew positioned their vehicle for a winch recovery, while Lieutenant Runnels and Technician Walker entered the water to assist with the search. Once the vehicle was located, Lieutenant Runnels quickly adapted a self-contained breathing apparatus to serve

Certificate of Valor



**Master Technician
Claire O. Ducker, Jr.**



**Technician
William S. Keller**



**Technician
David W. Walker**



**Firefighter
Charles J. Epps**

as diving gear. This allowed him to dive and assess the vehicle's status. He determined that the vehicle's doors were locked and the windows were closed. He then attached a winch cable to the vehicle. When Lieutenant Runnels surfaced, he directed his crew to start removing the vehicle. The vehicle was successfully pulled to the edge of the lake where the vehicle could be forcibly entered and the occupant freed.

Certificate of Valor



**Deputy Chief
John J. Brown, Jr.**

On Monday May 11, 1998, Deputy Chief John J. Brown, Jr., was on his way to lunch in an unmarked county vehicle. While approaching the traffic signal at Main Street and Chain Bridge Road, he witnessed a large man and a small woman engaged in a bitter, physical fight. Deputy Chief Brown stopped his vehicle, tapped the siren to distract the individuals, and quickly exited the vehicle. Not knowing that the woman was under police surveillance, Deputy Chief Brown immediately got between the two parties and restrained the man. This allowed an undercover police officer to apprehend the woman. It was later learned that the woman involved in the fight was a murder suspect who county police were preparing to arrest for the strangulation death of a pregnant woman.

Certificate of Valor



**Firefighter
Ronald S. Hollister**

On February 26, 1998, Firefighter Ron Hollister and his wife were traveling north on I-684 near North Salem, New York. At approximately 11 p.m., he noticed a car in the southbound lanes with no lights, which traveled across the median and turned into the oncoming northbound traffic. The vehicle struck three cars in the northbound lanes. All vehicles sustained heavy damage.

Firefighter Hollister avoided the wreck, exited his vehicle to assess the incident scene, and began to triage patients. The first victim he came upon was female with neck and knee pain. Firefighter Hollister showed a bystander how to immobilize her neck. He then sent another bystander to call 911 with instructions on what type of equipment was needed on the scene. He then noticed the driver of the striking vehicle was up and walking around. Firefighter Hollister directed another bystander to have him sit down and immobilize his neck. In the next vehicle, Firefighter Hollister located a police officer with visible trauma to the head, neck, chest, and abdomen. While overseeing the care of the other patients, Firefighter Hollister provided care to the police officer until the arrival of the fire department and state police. Fire department personnel requested Firefighter Hollister's assistance while they extricated the police officer.

Certificate of Valor



**Technician
Michael D. Macario**

On June 8, 1998, Technician Michael D. Marcario was off duty when he became aware of a serious vehicle crash at the intersection of Lee Road and Lee Jackson Memorial Highway. Technician Marcario immediately went to the scene and found four vehicles involved in an accident, including a delivery truck which was on top of a car. The driver of the car was seriously injured and pinned behind the steering wheel.

Technician Marcario directed bystanders to assist the other accident victims and then crawled into the car to render aid to the driver. She was semi-conscious, incoherent and had sustained multiple lacerations to the face and head and had lost a substantial amount of blood. Technician Marcario manually maintained her airway and immobilized the cervical spine.

Upon arrival of on-duty fire and rescue department personnel, he relayed information concerning the patient and the vehicle's stability. Technician Marcario continued to provide patient care until he was relieved by responding personnel. The car roof and door had to be cut away before the patient could be removed and flown to Fairfax Hospital, where the patient was listed in critical condition.

Life Saving Award



**Firefighter
Walter A. Deihl**

On November 15, 1997, Firefighter Deihl and his family were returning home from a family vacation in southwestern Virginia when he heard a distress call on his CB radio. The caller reported that a vehicle had left the roadway on Interstate 81 just south of Roanoke and the driver was slumped over the steering wheel. Firefighter Deihl was just moments away from the location given. Upon arrival at the incident scene, Firefighter Deihl asked his wife to call for help on a cell phone. He grabbed his personal EMS jumpbag, and quickly assessed the victim finding him in cardiac arrest. He then enlisted the help of bystanders in removing the driver. After inserting an OP airway, Firefighter Deihl provided rescue breathing to the victim with a bag valve mask while a bystander performed chest compressions. Within moments, another cardiac technician arrived on the scene. Working together, they were able to secure the patient's airway. They continued to provide care to the patient for 10-15 minutes until an advanced life support ambulance arrived. Firefighter Deihl assisted the medics until the patient was transported.

Life Saving Award



**Lieutenant
Wayne P. Wentzel**

On the morning of December 31, 1997, Lieutenant Wayne P. Wentzel was on his way home when he came upon a vehicle crash on Route 50 near Paris, Virginia. Using his car phone, Lieutenant Wentzel immediately called 911. He advised the dispatcher that a head-on collision had just occurred and provided the location. Lieutenant Wentzel asked the dispatcher to stay on the line so he could survey the scene and provide a more detailed situation report. He found a total of three patients; one pinned in the wreckage, one trapped due to lack of access to the vehicle, and one with minor injuries. After relaying this information to the dispatcher, Lieutenant Wentzel reassessed the patients. Lieutenant Wentzel asked some bystanders to stay with the other patients while he assisted the most seriously injured.

When fire department units arrived on the scene, Lieutenant Wentzel gave a situation report to the first arriving officer. Lieutenant Wentzel remained on the scene for the duration of the incident and assisted with patient care throughout the extrication. All three patients were flown to Fairfax Hospital.



**Valor:
to be worth,
courage, bravery**

*Line Copy can be viewed on the Fairfax County
Fire and Rescue Department Web Site.*

*Our Web Site address is:
<http://www.co.fairfax.va.us/fire>*

D.C., Kennedy Street Structure Fire

By Battalion Chief Jeffrey L. Donaldson
Battalion 6, C-Shift

On the morning of October 24, 1997, a basement fire in a commercial building located in Northwest Washington, D. C. claimed the life of District of Columbia Fire Sergeant John M. Carter. As a result of this tragic incident, Chief Donald Edwards of the District of Columbia Fire Department (DCFD), appointed a Reconstruction Committee to investigate the line-of-duty death, and provide recommendations on preventing future firefighter injuries and fatalities.

The Reconstruction Committee was made up of individuals from the DCFD, International Association of Fire Fighters, National Fire Protection Association and International Association of Fire Chiefs. Representatives from the Bureau of Alcohol, Tobacco, and Firearms; Washington, D.C., Metropolitan Police Department; and the Federal Bureau of Investigation also assisted the Reconstruction Committee in completing the report.

While a number of the recommendations in the reconstruction report were specific to the DCFD (they are not discussed in this article), some of the issues and deficiencies identified are applicable to many fire departments, including ours. These issues include personnel accountability, command procedures, communications, operations, and safety. This article will review many of these common issues. This article is not intended to criticize our Department or the DCFD, but

instead, intended to review common fireground issues and hopefully help us improve our operations and increase firefighter safety.

Accountability checks were conducted informally at the company level, but formal accountability at the command level was not completed. Incident Commander's (IC) are reminded that accountability checks are required

every 20 minutes after "Command" is established. Accountability checks shall also be conducted whenever personnel are evacuated from a structure, or a change in the operational mode is completed (offensive attack to defensive attack).

If sectors have been established, the sector officer is responsible for conduct-

ing the accountability check for the units assigned to his/her respective sector, and then reporting the results to command. Sector officers should also try to provide an accountability check to command when they provide progress reports.

"Freelancing" was identified as a major problem on this incident. Personnel were entering and leaving the building and operating on their own, instead of under the supervision of a company officer and under the direction of the incident commander. All personnel must operate as part of a company (at minimum two personnel enter, work, and leave the structure, or hot zone, as a team.) Company officers must ensure that personnel under their command operate as a unit and can be accounted for at all times during the incident. Any deviation from



Standard Operating Procedures (SOP) or incident command and accountability procedures must be brought to the attention of the IC immediately.

Problems were encountered identifying which company personnel were assigned. To make this situation worse, the incident occurred during shift change and personnel from both the off-going and incoming shifts were on the fireground. Personnel must ensure helmet identifiers and passport nametags are in place and accurately reflect their assignment. The identifiers must be changed if personnel are detailed or are working overtime. Company officers should ensure that a sufficient number of helmet identifiers are available for detail and overtime personnel, and identifiers and name tags are changed at the conclusion of the shift.

If an incident requires that personnel be relieved on the fireground, companies must report to and leave the incident scene together, and report to the Command Post (CP) before this occurs. Passports must be updated before personnel are assigned or leave the incident scene.

The CP was in a position that did not provide the IC with an adequate view of the fire building. An attempt was made to relocate the CP, but apparatus positioning prohibited this from occurring. This is a frequent problem for us, especially at garden apartment complexes. The IC must be able to see the fire building. If unable to locate the Battalion Chief's vehicle in a suitable location, the CP should be set up to provide the best view of the building. All incident command tools (IC/accountability boards,

passports, etc.) are portable and are easily removable for this very reason. Also as incidents evolve, the CP may require relocation.

The IC handled most of the radio traffic while simultaneously attempting to manage the incident. As a result, he was overloaded with information. An aide to the IC must be chosen as early as possible into the incident. During an escalating incident, the IC must have assistance with handling communications, accountability, gathering information, and documenting incident activities. Requesting a company to report to the CP to assist with these functions should be considered.

When sectors have been established, companies must report/communicate directly to their sector officer and not the IC. If possible, communications within sectors should be done face-to-face; this will reduce radio traffic. On this incident, every company on the fireground attempted to communicate directly with the IC. This action caused the IC's span of control to be over extended. Sectors must be established early on in all incidents. The use of sectors reduces the span of control, and increases the efficiency of command.

On this incident, transfer of command procedures were not followed. There must be a formal transfer of command. The existing IC must thoroughly brief the higher-ranking officer prior to that officer assuming incident command.

Problems were encountered on this incident with the IC not being notified of missing firefighters, (a 14-minute delay in notifying command after it was apparent to several people that Sergeant Carter was missing).



All personnel are reminded that the “mayday” radio transmission means only one thing: A FIREFIGHTER IS IN TROUBLE. When a mayday transmission is made, only the unit sending the signal and the IC should be on the radio. A review of General Order 96-009 and 96-088 is highly recommended.

Problems were reported with Sergeant Carter’s portable radio the day prior to this incident. After falling into the basement, Sergeant Carter was unable to contact the IC. All companies/teams operating inside a structure or hazard zone must have a properly working radio. Defective radios must be reported to the Battalion Chief immediately. Spare portable radios are kept at all battalion headquarters.

Radio discipline was poor on this incident, both on the fireground and by the Communications Center. The implementation of the Incident Command System (ICS) early on in the incident will reduce the amount of radio traffic and allow for more effective management of the incident. Standard terminology must also be used when providing situation reports, modes of operations, locations of companies, the fire, and notification of hazards.

The location of the fire was unknown to the IC for an extended time. The fire initially appeared to be in quadrant C or D on the ground floor. Several individuals soon recognized that the fire was actually in the basement. This information was not communicated to the IC. As a result, the attack on the fire was never modified. ICs must receive accurate information about the location of the fire, progress, or lack of progress in controlling the fire, and other significant observations from companies operating inside the building. If sectors do not provide information, the IC must request it on a regular basis. Personnel are also reminded that the lowest level in the structure must be checked for fire as soon as possible.

When offensive operations cannot quickly control the fire, or the location of the fire is in doubt, strong consideration should be given to changing to a defensive mode of operation. This is particularly true if no life hazard exists. ICs

must realize that significant safety risks are present to personnel operating in the interior of non-residential structures. Activities that present risks to personnel must be limited to situations where there is the potential to save an endangered life.

Sergeant Carter’s PASS device was not turned on before he entered the building. Company and chief officers must enforce the policy that personnel turn on their PASS device before they enter a structure or hazard zone.

Anytime a firefighter loses his/her life at a fire, it is a tragedy. The only good that can come from an incident like the Kennedy Street fire is that we learn from the mistakes made and do everything possible not to repeat them. ❖



Defibrillation Increases Survival Rate

By Battalion Chief Michael L. Wood
Battalion 5, C-Shift

Within the United States each day, approximately 1,000 Americans experience sudden cardiac arrest. More than 95 percent of these victims will die, often because defibrillation equipment was not available to assist in their treatment.

During the past five years, 2,334 persons experienced sudden cardiac arrest within Fairfax County. In the majority of these events, the delivery of pre-hospital defibrillation was delayed until the arrival of units from our fire and rescue department. The efforts of the department to deliver this life-saving service was greatly enhanced several years ago by issuing LifePac 300 defibrillators to each engine company and basic life support unit. Ongoing efforts are working to ensure the assignment of such units to each of the Department's front line units. Clearly, the department understands and places a high priority on the availability of early pre-hospital defibrillation.

For several years the American Heart Association (AHA), as well as other health organizations, has spoken in favor of early pre-hospital defibrillation. So strongly has the AHA advocated this treatment, that on May 20, 1997, Representative Cliff Stearns (R, Florida) introduced the Cardiac Arrest Survival Act. This proposal called for the National Heart, Lung, and Blood Institute to develop and disseminate a model state training

program for first responders and to direct the development of model state legislation to ensure access to this emergency medical service.

The AHA's Chain of Survival identifies four crucial links in the treatment of sudden cardiac arrest. These links are:

♥ Early Access To Care - The implementation of community 911, or enhanced 911 calling services.

♥ Early Cardiopulmonary Resuscitation - The implementation of community CPR training programs.

♥ Early Defibrillation - The critical link in the treatment of ventricular fibrillation. Each minute in the delay of this treatment can reduce

the patient's chance of survival by approximately ten percent.

♥ Early Advanced Care - The rapid delivery of pre-hospital Advanced Life Support measures designed to supplement the defibrillation of certain cardiac arrest patients.

More than 350,000 persons experience sudden cardiac arrest yearly. It is estimated that approximately 20,000 would have survived this emer-

gency if early defibrillation was available. Consider the following:

♥ New York City averages over 12 minutes for a typical response of emergency vehicles to the scene of a cardiac arrest event. The documented survival rate in this jurisdiction is less than two percent.



Deputy Chief John J. Brown, Jr., explains to the media the Fire and Rescue Department's role in training Springfield Mall staff to utilize the public access defibrillator.

♥ Seattle, Washington, averages less than seven minutes to deliver a defibrillation device to the scene of cardiac arrest events within their jurisdiction. In contrast to New York City, Seattle enjoys a survival rate in the setting of ventricular fibrillation of nearly 30 percent. The benefit of early defibrillation is clear. Several studies have indicated that if the survival rate experienced in Seattle were enjoyed nationally, nearly 250 lives might be saved each day.

♥ A recent study revealed that when CPR was initiated within four minutes of the onset of cardiac arrest, followed by advanced life support within eight minutes, survival rates may be as high as 43 percent.

The justification for rapid defibrillation is clearly evident. However, how do we best offer this service to the general public? Many jurisdictions simply do not have adequate staffing or other resources available to ensure defibrillation within restrictive time lines. Enter Public Access Defibrillation.

The AHA has identified four levels of public access defibrillation availability.

These include:

♥ Traditional First Responder - Firefighter and/or Police Officer based programs.

♥ Non-Traditional First Responders - Lifeguard, Security Officers, and/or Flight Attendant based programs.

♥ Citizen CPR Responders - Layperson based programs for family members of high-risk cardiac patients. (A vendor has recently provided a defibrillation device to serve this purpose in a local community within Fairfax County.)

♥ Minimally Trained Witnesses - Programs which advocate defibrillators be available in the workplace, much like fire extinguishers.

The Fire and Rescue Department has strongly supported the Traditional First Responder role within Fairfax County. Defibrillation devices are currently assigned (or planned for assignment) to each of the Department's front line vehicles, as well as many ancillary and staff units. For example, Boats 411 and 420 have received LifePac 500s,

while Battalion 405's vehicle is currently assigned a LifePac 300.

The Department coordinated and trained members of the Vienna and Herndon Police Departments to offer pre-hospital defibrillation. Officers of these departments will soon be responding to the scene of cardiac arrest emergencies within their respective jurisdictions with the immediate role of lifesaving. The Fairfax County Police Department has assigned a LifePac 300 to Marine 1, the department's patrol boat. The Fire and Rescue Department oversees the training of police officers who may be called upon to use this device.

A new twist in the delivery of pre-hospital defibrillation within Fairfax County occurred on November 4, 1998, when Springfield Mall placed into service a Non-Traditional First Responder Program. Following the cardiac arrest and non-successful resuscitation effort upon a mall patron, the mall's management agreed to work closely with our Department to place into service the required training and equipment.

As part of a community outreach agenda, Springfield Mall offers its patrons a "Mall Walkers" program. The facility is opened to anyone who wishes to exercise by walking the mall before normal business hours. Over 200 persons are currently registered in the program. An additional 500 persons are registered in the mall's "seniors" program. This program, while not designed to specifically encourage exercise, does attract many elder patrons to the mall on a daily basis.

The "Mall Walkers" and "Seniors" citizens represent only registered elders who may visit the mall. Obviously, many thousands of persons visit the mall each day, each representing a potential for any type medical emergency, including sudden cardiac arrest.

The Springfield Mall AED Pilot Program required the cooperation of many individuals, as well as several organizations. The key to the success of the program was flexibility. For example, the overall role of the Fire and Rescue Department changed from program manager to program facilitator. The target date for imple-

mentation was initially established, then changed, then postponed once again. The medical direction for the program was initially established by the Fire and Rescue Department, only to be changed when liability issues arose.

Like the implementation of paramedic engines, the Springfield Mall AED Pilot Program may be slightly ahead of its time. When the Fire and Rescue Department contacted the Virginia Department of Health's Emergency Medical Services Division for guidelines in implementing this program, none were available. Once again, Fairfax County was a step ahead.

Despite each of these challenges, the program's mission remained true. The result is that Springfield Mall and the Fairfax County Fire and Rescue Department jointly established a program, which will result in a huge increase in life safety for all mall shoppers.

In addition to the delivery of CPR/BLS and defibrillation training to mall employees by the Fire and Rescue Department, "mega-codes" were conducted incorporating the joint response of both organizations. Appreciation is extended to the crews of Station's 22 and 5 for assisting in this effort. Currently an ongoing effort is underway to train all department personnel who routinely respond to the Springfield Mall.

In selecting Springfield Mall, Inc., as the first intra-county site for implementation of a Non-Traditional First Responder Program, the following was considered:

♥ Target Population - Springfield has a large percentage of older residents who fre-

quently visit Springfield Mall. Therefore, the target population was present.

♥ 24-Hour Availability - The security staff of Springfield Mall affords 24 hour availability. Further, all officers are in constant radio contact; therefore, a timely and qualified response is assured.

♥ Training - The majority of the security officers were already trained in CPR/BLS. Many had additional EMS training. Therefore, time and cost were insignificant.

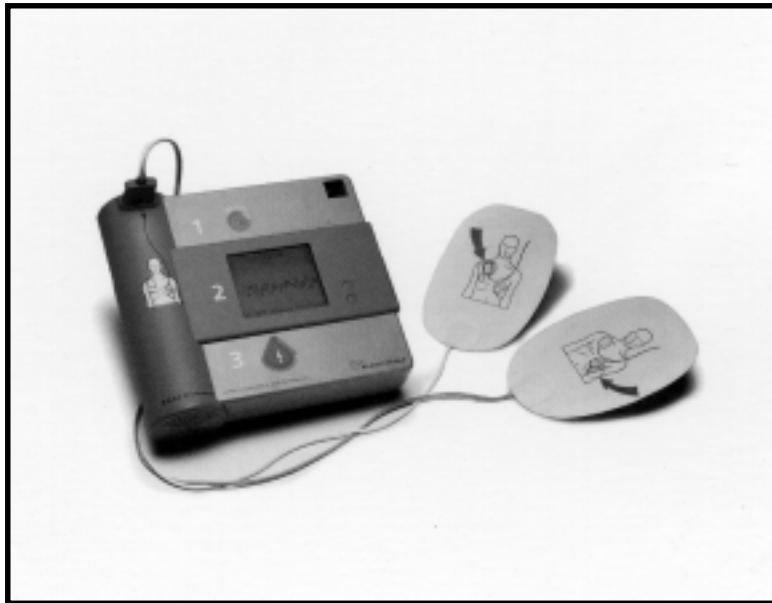
♥ The mall management agreed to seek out a private physician to ensure medical direction requirements were met. The mall management agreed to facilitate a very cooperative attitude

between their medical director and our department's medical director. Dr. Dan Hanfling, our associate medical director, was very involved in the development, implementation, and oversight of this program.

The total impact of the Springfield Mall AED Pilot Program may not be realized for several years. However, in

addition to affording immediate service to mall shoppers, the program is serving as the foundation for program expansion. Captain II John Kessel (EMS5, C-Shift), Captain II Edward Brinkley (Station 2, B-Shift), and Captain I Gerald Pfeiffer (Academy) have been appointed to oversee future program growth and development.

Department personnel who were very instrumental in the implementation of this program include: Deputy Chief John Brown, Jr. (EMS), Dr. Dan Hanfling (Associate Medical Director), Captain II Michael Ward (EMS), Captain I Gerald Pfeiffer (Academy), and Shannon Turner (EMS).



Fairfax County offers its residents and visitors an EMS agency to be proud of. And while rapid, pre-hospital defibrillation is only one part of a true systems approach to medical care, our progress in this arena has come a long way. Consider the following:

♥ Only 30 percent of emergency medical service agencies in the United States have AED programs in place.

♥ Only 49 percent of national emergency medical service agency's EMTs are permitted to use AED devices.

♥ Only 25 percent of national non-EMT first responders are permitted to use AED devices.

♥ Only 27 states allow non-EMS agency personnel to use AED devices.

Additionally, consider the following:

♥ Rochester, Minnesota, implemented a police officer based program, with survival rates near 50 percent.

♥ The Tucson, Arizona, program is currently experiencing survival rates at 20 percent.

♥ In several cities where CPR programs were combined with rapid defibrillator availability, survival rates have risen from just nine percent to nearly 30 percent.

♥ Mall based programs are increasing in numbers. In March 1998, the Lakeside Mall of Sterling Heights, Michigan, initiated a program similar to that in Springfield Mall.

♥ Rapid defibrillation helps extend life. Eighty-three percent of patients who survive cardiac arrest live for a least another year, while 57 percent live for five years or longer.

In the coming years, a vast expansion of defibrillator availability is likely to be realized. Newer technologies will provide lighter, more user-friendly equipment for layperson use. The Fairfax County Fire and Rescue Department has made great strides in preparing for these future changes. We can be proud to be part of this evolution. ❖



A Piece of History . . . Preserved

Quick thinking and tactful negotiations by several members of Station 11, A-Shift, staff helped save a small piece of Route 1 area history. Firefighters rescued a small remnant of the roof from the popular Dixie Pig restaurant, which had served the Richmond Highway area since 1947. Station 11 personnel supplied the funds and craftsmanship to create a new sign for the station featuring a brick enclosed planter covered by a piece of history . . . The Dixie Pig.

Never To Forget

*By Captain I Michael L. Nelson (Retired)
Safety Officer, A-Shift*

Everyone has a day or an event that they will never forget. The images leading up to and after the event remain indelibly clear. For me, May 13, 1998, was a life-altering date.

May 13 started as a typical day off. My normal chores and the "honey do" list was to keep me occupied. I was using the weed-wacker when I experienced the most incredible pain I have ever known. The pain was so intense that I don't remember ever denying that something was hideously wrong.

I drove to my Dad's house, and we started to go to one of the many emergency clinics in Stafford, Virginia. About one and one-half miles later, I knew that I was not going to make it. I looked like I was sitting under a garden hose, both arms and hands were tingling and breathing was becoming extremely difficult. I told my Dad to pull into the rescue squad and pray that someone was there. I remember seeing Captain Don LaPrad and his monitor. After that, I "crossed over to the other side." Wherever I had gone to was a beautiful place, a beautiful brilliant light and people dressed in white robes and suits. I heard my son's voice and knew I had to come back.



Captain II Michael L. Nelson

Our family will always be grateful for the support we received from our friends and co-workers. We especially wish to thank Captain I Steve Weissman and Captain I Andrew Duke. The fruit baskets, flowers, and cards from personnel at stations and squads were also greatly appreciated.

As mentioned earlier, May 13, 1998, was a life-altering date. I made the decision to retire on January 1, 1999. I believe that God has given me a second chance, and I've decided to take this second chance at life and enjoy my family, friends, and other interests.

I shall miss all of you, and I will always remember the good times. Thanks for all the memories. ❖



Bill Snow, a previous patient, visits the Springfield Fire and Rescue Station to thank the crews who provided assistance during an emergency incident. Pictured left to right: Technician Gary E. Morin, Technician Charles L. Collier, Lieutenant Virgil W. Derricott, and Firefighter Raul F. Perla.

Hot Shots



A two-alarm fire at a three-story townhouse located at 4511 Arendale Square caused \$60,000 in damage (above and left). The cause of the fire was electrical failure.



Two-alarm fire . . . Firefighters enter a single-family home located at 2902 Rogers Drive. Photo by Captain I Steven I. Weissman.



Lieutenant Jay D. Braithwaite (Station 25, C-Shift) surveys the damage at a vehicle accident at Sunset Hills Road and Michael Faraday Drive. Photo by Battalion Chief Robert E. Witherow (Battalion 1, C-Shift).



This tractor-trailer traveling on the Dulles Toll Road became airborne, landing on Hunter Mill Road. The driver was trapped in the vehicle, but miraculously only sustained a broken ankle. Photos by Master Technician John C. Mayers (Station 21, C-Shift).

Fire and Rescue Digest

*By Lieutenant Lorenzo M. Thrower
Headquarters, Public Information and Life Safety Education*

The first Fire and Rescue Digest program for 1999 will begin airing in February. Fire and Rescue Digest is hosted by Technician Bonnie J. Tobalske (Station 21, C-Shift) and Firefighter Francis O. Mensah (Recruitment). Technician Tobalske and Firefighter Mensah present a variety of safety related issues and life safety educational material, and many other interesting topics about the Fire and Rescue Department and how it impacts our community. The program is scheduled to run for February and March on Channel 16 on Tuesday's at 12 p.m. and Friday's at 6 p.m. Featured topics include:

- Career of Retired Chief Glenn A. Gaines
- Local Emergency Planning Committee (LEPC)
- Aluminum Cans for Burned Children (ACBC)
- Hypothermia
- Alternative Heating Sources (wood stove, fireplace, and space heaters)
- Winter Hazards (lakes and ponds)



Master Technician Mathew P. Ryan (Station 22, B-Shift) (left) is presented with the "Firemark" Award by Ben Migliaccio, Liberty Mutual Insurance Company. The Firemark Award is presented nationally by Liberty Mutual Insurance Company to recognize firefighters who go the "extra mile" to serve the community in which they serve.

Awards & Presentations

Unit Citation

*Hunter Mill Road at Hirst Brault
Expressway*

Engine 425

Lieutenant Richard L. Burton
Technician Mark D. Dudrow
Technician Kristin A. Wallace
Firefighter Kristen J. Russell

Rescue Squad 401

Captain II Paul T. Williams
Technician Christopher M. Brown
Technician Marc L. Straubinger

Rescue Squad 418

Lieutenant William G. Reedy
Master Technician Michael J. Stone
Technician Thomas R. Barnes

Rescue Squad 421

Lieutenant Michael L. Runnels
Master Technician John C. Mayers
Technician Donald R. Moran
Technician David W. Walker

Battalion 1, C-Shift

Battalion Chief Robert E. Witherow

Team Performance Award

3633 Dannys Lane

Engine 410

Lieutenant Richard D. Hoyle
Technician Joseph A. Oleksia
Firefighter Kevin P. Edwards

Medic 410

Lieutenant Charles D. Mills
Technician Michael D. Hendershot
Firefighter Joseph G. Allison
Firefighter James P. Korb

Team Performance Award

(continued)

*Hunter Mill Road at Hirst Brault
Expressway*

Engine 425

Lieutenant Richard L. Burton
Technician Mark D. Dudrow
Technician Kristin A. Wallace
Firefighter Kristen J. Russell

Rescue Squad 401

Captain II Paul T. Williams
Technician Christopher M. Brown
Technician Marc L. Straubinger

Rescue Squad 418

Lieutenant William G. Reedy
Master Technician Michael J. Stone
Technician Thomas R. Barnes

Rescue Squad 421

Lieutenant Michael L. Runnels
Master Technician John C. Mayers
Technician Donald R. Moran
Technician David W. Walker

Medic 425

Captain I Gary D. Pemberton
Firefighter Rony E. Avalos

Truck 425

Master Technician Cathleen C. Cody
Master Technician Anthony L. Jackson
Firefighter Tie L. Burtlow

Engine 429

Lieutenant Kevin A. Edmonson
Master Technician Terrence L. Jenkins
Firefighter Matthew J. Louzonis
Firefighter Wade H. Watson

Medic 429

Lieutenant Alan J. Roach
Technician Edward Padget

Engine 404

Captain II Jeffery S. Cullers
Lieutenant Glenn D. Kaplan
Firefighter Juan D. Campodonico
Firefighter Carol A. Laymon

Battalion 1, C-Shift

Battalion Chief Robert E. Witherow

Safety Officer

Captain John Diamantes

EMS 1, C-Shift

Captain II William R. Kingdon

Citizen Valor Award

14873 Lynnhode Court

Amy Crim
Jackie Kennard
Michelle Moore
Mary Ramirez
Katie Schumann

Interview with Dr. Dan Hanfling

By Dan Hanfling, Associate Medical Director
Patti Blankenship, Headquarters, EMS

As a follow-up to the *Line Copy* article introducing Dr. Hanfling (see Nov/Dec 1998 issue), the following questions were asked of Dr. Hanfling.

What is your philosophy regarding pre-hospital emergency medical services?

As a board-certified emergency physician, I suppose it is natural that I view the medical world through the front and back doors of the emergency department. Look out the front door and you see your family, friends, and neighbors coming to the hospital to seek help. Look out the back door and it is the flashing lights and wailing siren of an ambulance rolling up the ramp, bringing those too sick to come on their own.

Pre-hospital emergency medical services have become a specialty unto themselves, a natural extension of the unique sort of care delivered in our emergency rooms. Thirty years ago, we barely had a rudimentary ambulance service in place. In many cases, a stretcher tethered down in the back of an old Cadillac hearse did the trick. Now we are operating traveling intensive care units. Gone are the days of the "ambulance driver." Highly experienced and well-trained personnel are diagnosing heart attacks and strokes in the field, stopping seizures just as soon as they begin, stabilizing trauma victims and allowing for state-of-the-art life-saving therapies to begin as soon as the patients reach the hospital. And don't forget the contributions that the EMS community has made in the way of injury prevention and the promotion of public health.

I believe very much that EMS is an integral component of our healthcare system, providing timely, compassionate, and expert care to the communities which we serve.

What is the role of the Associate Medical Director?

As many of you will recall, I prefaced my remarks at the "Fall Meeting with the Medical director" (September 1998) with the simple, straightforward philosophy of Dr. Thom Mayer, Chairman of the Department of Emergency Medicine at INOVA Fairfax Hospital, and Medical Director of Fairfax County Fire and Rescue Department. **First of all, we must strive to do the very best for our patients. Secondly, we must be sure that we provide the very best to those who take care of our patients.** The challenge is not confusing the priority of these two missions. With that understood, I see it as my directive to help keep us focused on these two goals. And this takes leadership.

We must begin to promote a "culture of healing" within the department. That can be accomplished initially by making the following two positions become a reality. First, we must see each other and ourselves as "EMS providers" who are interested in offering something special to the community, instead of the current focus on the separation between the ALS and BLS levels of certification. In addition, we must move from being reactive to proactive in our approach to bringing EMS services to the communities we serve.

During the "Fall Meeting" I mentioned the similarity I see between my new role as Associate Medical Director for Fairfax County Fire and Rescue Department and my ongoing responsibilities as an attending physician in the Department of Emergency Medicine at INOVA Fairfax Hospital. When I am in the ED, I become responsible for the education of the resident and student physicians with whom I am working.

To be an effective emergency room physician, one must be a role model and teacher to fellow doctors, nurses, students, technicians, and others. I think the same holds true with respect to my association with the Fire and Rescue Department. You, too, are like my residents. You are my eyes and ears, hands, and heart in the field. I make the analogy to the *Flintstones* character 'Kazoo' who always managed to pop up on Fred's shoulder when he most needed him. I want you to remember that I, too, am with you at all times. I will support the decisions you make, be they right or wrong, I will hear you out as long as you provide the rationale for the choices you make.

As General Schwartzkopf said prior to the start of the Gulf War, "The truth of the matter is that you always know the right thing to do. The hard part is doing it." Use common sense, and of course, medical protocols.

What are your goals as our Associate Medical Director?

Without a doubt, our biggest challenge is to ensure that we continue to meet our goal of delivering compassionate, timely and state-of-the-art care to the citizens of Fairfax County. We must dedicate efforts to enhancing the quality of the services we provide. To that end, the EMS CQI committee is in the process of establishing performance measures and standards that we feel will demonstrate the level of care to be delivered. This also means that we must come up with a better documentation system, and if possible, reduce or eliminate the duplication of effort now required to catalogue each and every patient encounter. The implementation of a dedicated Emergency Medical Dispatch (EMD) program, to include certification in a national EMD curriculum, continuing EMD education, and use of pre-arrival instructions, should also continue to be emphasized.

Additionally, we must develop a review process that will allow us to reflect on the services we provide. In my view,

this is the foundation upon which medical decision making and medical care issues must be decided. Improving our ability to see what it is we do will also allow others to see what we do, in the form of research generated by the care we deliver.

I also feel strongly that the department must continue to engage in programs that benefit the public health of the community at large. I am very pleased with the development of the AED program involving Springfield Mall and the Vienna and Herndon Police Departments. I am confident that we will engage many new partners in the months to come.

We must continue to dedicate our attention to other proactive projects as well, such as continued injury prevention efforts and the Citizen CPR program that was so successful in the past.

Are there any other comments that you would like to add?

I have thoroughly enjoyed my tenure as Associate Medical Director, and look forward to many years of leadership and service on your behalf. Many of you have extended invitations to ride along or to come to dinner. Believe me when I tell you that I look forward to the opportunity to spend more time, enjoying good company (and, no doubt, great food) with the firefighters and paramedics of Fairfax County. ♦

**You may think you don't
have the time to do it right,
but you will always find the
time to do it over.**

FCFRD Receives Two Foam Units

*By Battalion Chief Thomas B. Watson
Chairman, Apparatus Committee
Battalion 3, C-Shift*

The Fire and Rescue Department is preparing to change the way we respond to flammable liquid fires. For over a year, a committee has been evaluating our ability to combat flammable liquid fires. It was decided that we face two primary hazards; highway incidents involving tanker trucks and the Newington tank farm. In order to effectively mitigate incidents at both hazards, we determined that two different types of foam vehicles would be required; a highway response unit and an industrial foam unit.

The highway response unit will be an E-One Titan Crash Rescue vehicle. This will be a pump and roll vehicle with a 750 gallon per minute (G.P.M.) roof turret and a 300 G.P.M. bumper turret. The vehicle will carry 1,500 gallons of water and 300 gallons of three percent foam. A 500-pound dry powder system will give this vehicle significant fire suppression capability.

The vehicle will seat four, but could be fully operational from the cab with only two firefighters. It will be capable of applying a foam blanket to a tanker truck with minimal exposure to our firefighters. This should also reduce the time we spend on tanker truck incidents because hose lines will not be

needed as often. Delivery of this vehicle is expected in May 1999.

The highway response unit and a unit to carry hazardous materials spill control equipment are being purchased by a grant from the Virginia Department of Transportation (VDOT). This grant money is from a congestion management fund for the mixing bowl reconstruction project. These units will belong to the Department and will be available to respond to any incident. They will be located close to the I-95, 395, and 495 interchanges. Funding is also available for training for Fire and Rescue, Police, and VDOT personnel in the Incident Command

System for highway incidents.

The industrial foam unit that will be used in response to our tank farm facilities is expected to be delivered in the fall of 1999. Since the largest tank at Newington would require a minimum of 2,200 G.P.M. of foam solution to extinguish, this

unit will have a 3,000 G.P.M. pump. It will carry 1,500 gallons of three percent foam concentrate and 500 gallons of water. A 2,000 G.P.M. prepiped deck gun will give this unit far-reaching capabilities. The vehicle will look like a standard pumper, but will have a tandem axle. ♦



E-One Titan Crash Rescue Vehicle



Firefighter Christmas Party Raised \$12,000 for Abused Children's Center

On Wednesday, December 16, 1998, at Kilroys Restaurant Fairfax County firefighters hosted a charity event to benefit INOVA Fairfax Hospital Abused Childrens Center. Funds were raised through corporate and private donations, raffles, and drawings. Pictured from left to right: Teddy Kelleher, Manager, Kilroys; Tip Thomas, owner, Kilroys; Rick Flinn, INOVA Fairfax Hospital Emergency Department, Patient Care Director; Sue Brown, RN, Program Coordinator of SANE (Sexual Assault Nurse Examiner); Master Technician Michael J. Stone (Station 18, C-Shift); and Chuck Jarrell (Captain-retired).



Taking Up . . .

Top 10 Activity Report

December 1998 - January 1999

Ambulance		Engine Company		Rescue Squad	
Unit	Calls	Unit	Calls	Unit	Calls
A 413	388	E 429	482	S 421	262
A 408	317	E 408	473	S 401	257
A 409	313	E 410	473	S 426	253
A 410	308	E 413	465	S 418	215
A 411	307	E 401	456	S 411	197
A 431	280	E 404	454	S 419	137
A 428	277	E 411	454	S 414	128
A 430	266	E 409	432		
A 414	264	E 426	411		
A 434	252	E 418	404		
Medic		Rescue Engine		Ladder Company	
Unit	Calls	Unit	Calls	Unit	Calls
M 418	476	RE 425	152	T 429	247
M 410	450	RE 421	11	T 410	198
M 425	408			T 425	184
M 429	394			T 422	173
M 404	390			T 430	165
M 426	386			T 401	161
M 408	377			T 405	149
M 401	372			T 436	148
M 417	371			T 408	140
M 422	358			T 438	134

Unit activity is compiled from the event history file. A unit must be dispatched to a call to be included in an event history file. A unit add-on is not considered a dispatch. Mutual aid dispatches are included in the activity report.

Large Loss Fire Investigations

Date: 11/06/98 **Box:** 2219 **Address:** 4118 Majestic Lane **Type:** House **Cause:** Accidental - Electrical **Value:** \$250,000 **Loss:** \$75,000 **Status:** Closed

Date: 11/09/98 **Box:** 3704 **Address:** 5707 Glamis Drive **Type:** House **Cause:** Accidental - Smoking materials **Value:** \$206,000 **Loss:** \$75,000 **Status:** Closed

Date: 11/29/98 **Box:** 0595 **Address:** 5416 Waycross Drive **Type:** House **Cause:** Accidental - Electrical **Value:** \$350,000 **Loss:** \$150,000 **Status:** Closed

Date: 12/10/98 **Box:** 1304 **Address:** 1808 Old Meadow Road **Type:** Condo **Cause:** Accidental - Electrical **Value:** \$200,000 **Loss:** \$60,000 **Status:** Closed

Date: 12/12/98 **Box:** 0809 **Address:** 7401 Eastmoreland **Type:** High Rise **Cause:** Accidental - Electrical **Value:** \$28,000,000 **Loss:** \$120,000 **Status:** Closed

Date: 12/14/98 **Box:** 3708 **Address:** 9140 Richmond Highway **Type:** Apartment **Cause:** Accidental - Smoking materials **Value:** \$900,000 **Loss:** \$100,000 **Status:** Closed

Date: 12/19/98 **Box:** 3410 **Address:** Oakton Road/V Lane **Type:** Vehicle **Cause:** Incendiary **Value:** \$325,000 **Loss:** \$175,000 **Status:** Open

Date: 12/27/98 **Box:** 2807 **Address:** 3100 South Manchester Street **Type:** Condo/Fatality - Incendiary **Cause:** Incendiary **Value:** \$200,000 **Loss:** \$100,000 **Status:** Closed

Date: 12/27/98 **Box:** 1706 **Address:** 13721 East Cliff Circle **Type:** House **Cause:** Accidental - Chimney Fire **Value:** \$232,000 **Loss:** \$180,000 **Status:** Closed

Date: 12/27/98 **Box:** 4200 **Address:** 919 Fredrick Street S.W. **Type:** House **Cause:** Accidental - Candle **Value:** \$250,000 **Loss:** \$125,000 **Status:** Closed

Date: 12/31/98 **Box:** 2603 **Address:** 4822 Virginia Street **Type:** House **Cause:** Accidental - Food on the stove **Value:** \$118,000 **Loss:** \$50,000 **Status:** Closed



"Old Flames" - April 19, 1985

This three-alarm structure fire at 8799 Old Mill Road in Woodlawn caused over \$100,000 in damage to apartments and the clubhouse under construction. Firefighters encountered extreme heat and high winds, causing spot fires across Richmond Highway, over 1,000 feet away. The fires were brought under control in approximately one and one-half hours after the first report, which was received at 11:06 a.m. Nine firefighters were treated at Mount Vernon Hospital for minor injuries and heat exhaustion.

"Taking Up"



**Captain II
Steven E. Rhea**

Entry Date: December 11, 1972
Retirement Date: January 1, 1999
Assignments: Stations 9, 26, 18, 13, 30, 22, 24, and 34

Likes about the Fire Department: Most importantly, the people, learning from others, career opportunities, working incidents, and feeling like an important part of the community.

Will miss about the Fire Department: Being part of a great team, not seeing my friends and co-workers on a regular basis, the excitement, and challenges of the job.

Plans for the future: Going to work for the feds. Staying in the area, doing my best to stay in touch with my fire department friends, and more beach time.

Words of wisdom: Appreciate what you have and strive to make a positive contribution for those who will follow you.

What got you interested in the fire service? Hanging out in the stations when I was a cop.

Who or what made an influence in your career? My family, friends, and co-workers.



**Technician
Raymond M. Moats**

Entry Date: September 6, 1968
Retirement Date: January 2, 1999
Assignments: Station 11, 13, 19, 22, Relief, and Fire Marshals Office

Likes about the Fire Department: The various challenges faced daily.

Dislikes about the Fire Department: Individuals who put on the show of thinking that they are somebody, when in reality "they are not."

Will miss about the Fire Department: The people.

Plans for the future: None at this time; although, I will continue as an adjunct instructor for the Department of Fire Programs.

Words of wisdom: Don't be nor try to be something that you are not. Do the best that you can do and the rest will come. Try to look further than the end of your nose, there are others out there that can make you look "good or bad."

What got you interested in the fire service? To return something back to the community.

Who or what made an influence in your career? Retired Deputy Chief Charles P. Dismuke, Retired Captain David Diamantes, Retired Battalion Chief Chester Chinn, Retired Captain Jim Adams, and Retired Deputy Chief Stephen Smith.

Anniversaries

25 Years

Technician Homer M. Smith

20 Years

Lieutenant Lonnie G. Belk

Master Technician John C. Berner

Master Technician Richard E. Bright

Captain I Jaime T. Herbert

Captain II Ricky A. Hess

Lieutenant Paul A. Masiello

Firefighter George H. Moore

Lieutenant Calvin L. Parks

Lieutenant Derrick A. Smith

Captain II Richard A. Sweatt

15 Years

Michael W. Clark, Senior Building Inspector

10 Years

Technician Richard M. Arthur

Lieutenant Alfred M. Bracy

Technician John R. Brinkerhoff

Lieutenant Jon P. Bruley

Wayne T. Burgess, Engineering Plans Examiner

Technician, Daryl T. Casey

Technician Robert W. Dickerson

Technician Timothy E. Fowler

Technician Thomas C. Meloy

Technician Daniel C. Mitchell

Lieutenant Keith D. Morrison

Lieutenant Michael C. Schaff

Firefighter William A. Sutphin

Master Technician James E. Wilkerson

5 Years

Technician John G. Adams

Cheryl R. Bland, Secretary I

Acting Technician Derek A. Edwards

Technician Sean T. Evans

Technician Samuel L. Gray

Technician Matthew T. Groff

Reneé F. Henningsen, Information Officer II

Technician Tamara A. Jung

Technician Christopher H. Kempton

Technician Ryland B. Kendrick

Technician Jeffrey S. Lewis

Technician Anthony L. Liddell

Technician Glenn A. Mason

Technician Glenn B. Mooneyham

Firefighter Alexandra A. Neff

Firefighter Kevin D. Runnels

Technician Charles W. Ryan

Technician Dwan D. Starks

Technician Davine M. Williams

Retirements

Battalion Chief Douglas W. Casey

January 2, 1973 - January 15, 1999

Captain I William M. Kephart

June 10, 1970 - January 1, 1999

Lieutenant Wesley L. Marshall

August 21, 1972 - January 27, 1999

Technician Raymond M. Moats

September 6, 1968 - January 1, 1999

Captain I Michael L. Nelson

March 2, 1970 - January 1, 1999

Firefighter Harry L. Pangle

March 18, 1974 - January 1, 1999

Technician Lawrence R. Pearson

January 2, 1973 - January 1, 1999

Captain II Steven E. Rhea

December 11, 1972 - January 1, 1999

Master Technician Oliver C. Skinker

October 26, 1974 - January 1, 1999



**Saturday
May 1, 1999
10 a.m. to 4 p.m.**

Participating Stations

Herndon	Gunston
Franconia	Fair Oaks
Annandale	Springfield
Mount Vernon	West Annandale
Penn Daw	West Springfield
Dunn Loring	Oakton
Burke	Pohick
Chantilly	Frying Pan
Clifton	West Centreville
Lorton	

In conjunction with National Safe Kids Week, the Fire and Rescue Department will be hosting our annual Safe Kids Day. Safe Kids Day provides the opportunity for firefighters to promote and demonstrate fire and life safety information to the children, parents, and caregivers in the community. As a proven "high risk" group for injury from fire and other causes, kids have a need of being educated about these dangers. Safe Kids Day provides an excellent opportunity for firefighters to accomplish this goal.

WE CARE ABOUT KIDS



Station Profile

Annandale Fire and Rescue Station # 8

7128 Columbia Pike
Annandale, Virginia

Captain II Ricky A. Hess
Station Commander

Station constructed: Original construction in 1945 with renovation in 1998.

Station logo/motto: The bubble, located in the center of the county.

Station specialty: Medic and truck

Square miles in first due area: 9.46

Specific hazardous/target areas: Nursing homes, high-rise residential, senior residential, and lawn chemical supplier.

Equipment assigned to station: Engine, pumper, truck, medic, ambulance, car, utility, and medic reserve.

Station personnel: **A-Shift:** Captain I David M. Hamrick, Lieutenant Rebecca S. Price-Lyons, Lieutenant Paul H. Parker, Lieutenant Raymond E. Griffin, Sr., Technician Tamara A. Jung, Technician Reid F. Marcey, Technician Kevin C. Wacha, Technician Allan B. Brockway, Firefighter Rocco Alvaro, Firefighter Jack W. Billhimer, Firefighter Jorge F. Arias, Firefighter Timothy M. Kelly, and Firefighter Brent M. Schnupp. **B-Shift:** Captain I Walter T. Brown, Lieutenant Ronald Fritchey, Lieutenant Brian P. Rooney, Technician Kathleen M. Stanley, Technician Philip C. Devereaux, Technician Michael C. Lewis, Master Technician Troy H. Dean, Firefighter Michael T. King, Firefighter Robert D. Rodriguez, Firefighter Mark D. Franklin, Firefighter Sean A. Powell, and Firefighter Eric S. Britton. **C-Shift:** Captain II Ricky A. Hess, Lieutenant Gareth R. Hilton, Lieutenant James B. Johnson, Lieutenant Stephen E. Miller, Technician Davine M. Williams, Technician Jill F. Young, Master Technician Jon W. Snyder, Technician John M. Lockhart, Firefighter Ronnie O. Carter, Firefighter James R. Hill, II, Firefighter Jeffrey S. Seabright, and Firefighter Christopher R. Lancaster.

Volunteer Chief: Roger Waller

Volunteer President: Raju Khemani

Front cover photos: Dunn Loring Volunteer Fire Department (top); Willis H. Burton, Jr., Fire Services Administrator (first fire chief)(bottom left); and Chief Training Officer Gray instructs rookie firefighters during this January 16, 1970, on-the-job training exercise to make way for the proposed Engleside (Station 24) fire station which would be the first fire station built with county tax funds (bottom right). Editor's Note: 50th Anniversary patch was designed by Firefighter Brent Schnupp, Station 8, A-Shift.

Fairfax County Fire & Rescue Department

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Fairfax, Virginia 22030

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